



**Fw: AOC for Removal Action (CERCLA 09-2011-0007/RCRA 7003-09-2011-0001) - Section XXV Insurance Certificate**

**Katherine Baylor** to: Stephen Tyahla  
Cc: Steve Armann

02/01/2011 02:09 PM

Stephen -

See below for insurance info (from the WM atty)

Kathy

Katherine Baylor, P.G.  
U.S. Environmental Protection Agency  
75 Hawthorne Street, WST-5  
San Francisco, CA 94105  
415-972-3351

----- Forwarded by Katherine Baylor/R9/USEPA/US on 02/01/2011 02:08 PM -----

From: Katherine Baylor/R9/USEPA/US  
To: Steve Armann/R9/USEPA/US@EPA  
Cc: Arlene Kabei/R9/USEPA/US@EPA  
Date: 01/27/2011 08:42 AM  
Subject: Fw: AOC for Removal Action (CERCLA 09-2011-0007/RCRA 7003-09-2011-0001) - Section XXV Insurance Certificate

Steve -

The WM atty (Kenefick) has sent a couple of emails that you and Arlene were not on. I will forward.....this one is for the Certificate of Insurance requirement

Kathy

Katherine Baylor, P.G.  
U.S. Environmental Protection Agency  
75 Hawthorne Street, WST-5  
San Francisco, CA 94105  
415-972-3351

----- Forwarded by Katherine Baylor/R9/USEPA/US on 01/27/2011 08:40 AM -----

From: "Kenefick, Andrew M" <AKenefick@wm.com>  
To: Bret Moxley/R9/USEPA/US@EPA, Katherine Baylor/R9/USEPA/US@EPA  
Cc: <stuart.yamada@doh.hawaii.gov>, <steven.chang@doh.hawaii.gov>, <alec.wong@doh.hawaii.gov>, Andrew Helmlinger/R9/USEPA/US@EPA  
Date: 01/26/2011 04:51 PM  
Subject: AOC for Removal Action (CERCLA 09-2011-0007/RCRA 7003-09-2011-0001) - Section XXV Insurance Certificate

Pursuant to Paragraph 75 of the above-referenced Administrative Order on Consent regarding the Waimanalo Gulch Landfill, I am submitting the Certificate of Insurance. If

you have any questions, please let me know.

<<Attach.pdf>>

**Andrew M. Kenefick**

Senior Legal Counsel

Waste Management

Western Group Legal Department

801 2nd Avenue, Suite 614

Seattle, WA 98104

206-264-3062 (direct)

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***at our waste-to-energy plants, saves the equivalent of more than 13 million barrels of oil.***

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# CERTIFICATE OF LIABILITY INSURANCE

1/1/2012

DATE (MM/DD/YYYY)  
1/26/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES, LLC 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Property & Casualty Insurance Co		20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:  
WASTE MANAGEMENT OF HAWAII, INC.  
92-460 FARRINGTON HIGHWAY  
KAPOLEI HI 96707

COVERAGES HIKAPOLE AJ CERTIFICATE NUMBER: 11142410

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG 00011207 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X	Y	HDO G25524937	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	X	Y	MMT H08631463	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	Y	XOO G25828562	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C46469768 (AOS) WLR C4646977A (CA & MA) SCF C46469781 (WI)	1/1/2011 1/1/2011 1/1/2011	1/1/2012 1/1/2012 1/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY			XTR H08631475	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

## CERTIFICATE HOLDER

11142410

US EPA, REGION IX (SFD-9)  
75 HAWTHORNE STREET  
SAN FRANCISCO CA 94105

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE